	1. TYPE OF	2. TYPE OF	TRAVEL								
ADVANCE OF FUNDS	ADVANCE	TEM	PO-	3 NAME (las	t, first, middle ini	itiall				4. ACCOUNT NO.	
APPLICATION	CASH	RAR		5. TELEPHON	· · · · · · · · · · · · · · · · · · ·	tiui,			6. SOCIAL SECUR		
AND ACCOUNT	l 	PERM									
	CHECK	NEN		DTMENT OF F	OT 4 DU 101 IN 45 NT		O BUBEAU	DII (IOION	OD OFFICE		
In compliance with following information information on this for Chapter 57 as imple Regulations (FPMR 10	is provided: Solicita orm is authorized by mented by the Fed	7. DEPARTMENT OR ESTABLISHMENT 8. BUREAU, DIVISION OR OFFICE									
1971, E.O. 11012 d	of March 27, 1962	, and E.O.	9.		APPLICA	ATION	(For com	pletion by	applicant)		
9397 of November purpose of the inform approval, accounting, travel and certain rele	f funds for	An advance of funds is hereby requested for travel and other expenses to be incurred by me.						e. BALANCE DUE U.S. FROM PREVIOUS	\$		
be incurred under authorization. The used by officers and have a need for such	r appropriate adi requested informati employees of this a	on will be gency who	a. UND	ER AUTHORIZA			b.DATE OF ZATION	AUTHORI-	f. AMOUNT HEREIN APPLIED FOR	\$	
of their official dution disclosed to appropriate agencies who	es. The information in the relevant to civil of the relevant to civil o	on will be e, local or criminal or		VEL PERIOD	From		То		g. TOTAL	\$	
regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary; however, failure to provide the			(Give address number, street, city, State, ZIP code)						Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefintely postponed, the full amount of any outstanding advance shall be repaid immediately.		
information required suspension of your ac			APPLICA SIGN H							DATE	
10. APPROVAL	SIGNATURE AND	TITLE OF	APPROV	ING OFFICIAL	D/	ATE AI	PPROVED	11. APPR	OPRIATION TO BE (CHARGED	
12. REMARKS	_							13. CASH RECEIVED	PAYMENT	DATE	
								Pre		1038 (REV. 10-77) MR (41 CFR) 101-7	

13. RECORD OF ACCOUNT		NAME	ACCOUNT NO.						
TRANS- ACTION DATE	TRAVEL PERIOD		REFERENCE (Schedule or	(Opti		ADVANCE ACCOUNT			
	FROM	то	voucher number)	VOUCHER TOTAL	AMOUNT PAID EMPLOYEE	ADVANCED	REPAID	BALANCE DUE	
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REMARKS				:	:	:		<u> </u>	